STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010682	A. BUILDING _____ B. WING _____	10/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF MARION	2452 W KEM RD MARION, IN 46952

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: October 10 and 11, 2012 Facility number: 010682 Provider number: 010682 AIM number: N/A Survey team: Karen Lewis RN, TC Ginger McNamee RN Betty Retherford RN Census bed type: Residential: 40 Total: 40 Census payor type: Other: 40 Total: 40 Sample: 7 Sterling House of Marion was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey. Quality review 10/12/12 by Suzanne Williams, RN	R 000		